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ABSTRACT

Learning activities which would supplement those found in the curriculum resource handbook, "Learning Laboratories for Unemployed, Out-of-School Youth," which are useful for the health teacher are presented. Activities suggested concern: (1) Community drug survey, (2) Physician resource on drug use, (3) Physical and psychological harm, (4) Methadone, (5) Over-the-counter drug cautions, (6) Prescription labels, (7) Attitude toward drugs, (8) Facts about smoking, (9) The effects of smoking on blood circulation, (10) Why adolescents drink, (11) True-false test on alcohol, (12) Reactions to alcohol, (13) Attitudinal survey on school alcohol, (14) Community resources for alcohol abuse, and (15) Veneral disease. (CK)

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LEARNING LABORATORIES

for unemployed, out-of-school youth

Health Education-Part 1

The University of the State of New York • The State Education Department
Bureau of Continuing Education Curriculum Development • Albany • New York • 12224
1972

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FOREWORD

Since their distribution in 1970, the publication entitled *Learning Laboratories for Unemployed, Out-of-School Youth* and the accompanying sound filmstrip, *Odds On Tomorrow,* have proven to be extremely valuable resources for instructors in various adult education programs. Their wide use has generated a need for supplementary, student-oriented materials which could be used to extend or reinforce the skills, concepts, and understandings which the program seeks to develop. In response to this need, an advisory committee of teachers, representing a cross section of disciplines, was asked to contribute ideas for augmenting the teaching strategies outlined in the handbook and illustrated in the filmstrip. This committee was chaired by William B. Hemmer, formerly associate in the Bureau of Continuing Education Curriculum Development, presently assistant professor, State University College at Brockport.

Using this initial input, Gerald J. Cerne, instructor in biology, Colonie Central High School, and Virginia A. Rovelli, reading supervisor, Ballston Spa Public Schools, developed a series of learning activities and ancillary learning exercises which reflect the persistent life problems facing the average unemployed, out-of-school youth.

The final writing and the preparation of the manuscript for publication was completed under the direction of George K. Tregaskis, associate, Bureau of Continuing Education Curriculum Development.

The development and printing of this publication were funded through Title I, Elementary and Secondary Education Act.

HERBERT BOTHAMLEY, *Chief*
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USE OF MATERIALS IN THIS PUBLICATION

The intent of this publication is to suggest learning activities which would supplement those found in the curriculum resource handbook *Learning Laboratories for Unemployed, Out-of-School Youth.* This particular compilation of learning activities is designed for use by the health teacher. Some of the activities refer directly to lessons suggested in the Health Education sections of the curriculum resource handbook. It will be noted that this publication, Part 1, deals with drugs, smoking, alcoholism, and venereal disease. A seperate publication, Part 2, will focus on other aspects of health education.

The content of this phase of the program must be kept extremely practical. All the activities should be relevant to the experiences and aspirations of the students. The instructor must realize that what appeals to him or even students from other environments may be quite different from what is of immediate interest to the disadvantaged student. All text materials must fit the reading levels, interests, special backgrounds, and vocabulary of the students.

Learning activities should be organized in short, achievable units. This brevity facilitates mastery and a sense of accomplishment for the students. The length of the lesson should be increased gradually only as the students' attention span, interest, and work habits improve. The curriculum must have elements of success built into it. Encouragement from the instructor, peer approval, community support and recognition, combined with experiences in problem solving,will help the students acquire positive self-images.

Single copies of worksheets to be used by the students are provided. These worksheets may be duplicated for classroom distribution by first making a thermal master of them or simply by xeroxing. In addition, they are suitable for thermal copying as a means of making overhead projector transparencies.

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LEARNING ACTIVITY 1: COMMUNITY DRUG SURVEY

Reference: Curriculum Resource Handbook, pp. 78-82

OBJECTIVE

To have the students measure the extent of the prescriptive drug problem in the community through research in the local area

TECHNIQUE

This activity may be introduced by mentioning that people are constantly injuring or destroying themselves with prescriptive medication which was intended to prolong their lives or make them more comfortable. Provide some examples of people who have done this. The questions surrounding the deaths of people like Marilyn Monroe, Dorothy Kilgalen, and Alan Ladd could by mentioned to stimulate initial interest in the topic. Once the students' interest has been aroused, suggest that a series of student committees be formed to investigate prescriptive drug abuse in the community. These committees could then canvass the local board of health, police department, area newspaper, local hospital and the community health center to gather all the information they can on the topic under consideration. The kinds of data these committees will need to gather are:

- The annual number of crises/deaths involving prescriptive drug patients
- The age and sex of these people
- The types of medications which brought about these crises/deaths
- The medical reasons why these crises/deaths occurred
- The way these crises/deaths might have been avoided
- The practices that should be followed if a prescriptive medicine has been used improperly

Learning Exercise 1 is provided to assist students in conducting their agency surveys.

The community and state health services will also be able to provide literature which will offer further information concerning this problem. This literature should be carefully read by the student committees and when it is distributed it might be advisable for each committee to provide an oral synopsis of the information offered in each pamphlet.

If the students feel it would be valuable to broaden their investigation of the problem, one of the committees could be shown how to use the *Reader's Guide to Periodical Literature*. Then they could compile additional information, as well as highly publicized individual case histories, which have received magazine coverage, and share these with the class.

After the material has been researched, have each committee meet and organize its information so that it can be presented orally to the class. Each committee should elect one member to serve as chairman. He in turn should see that the members of his committee all have some responsibility in presenting a portion of the report. Some consideration should be given to the length of these committee reports, and, unless the instructor feels otherwise, the reports should probably be held to a 15 minute limit.

A question and answer period should follow each of the reports so that the students are given an opportunity to question particular committee members on sections of the report which require further commentary.

EVALUATION

The success of this activity may be measured by:

- The enthusiasm with which students respond to the introduction
- Their involvement in the committee work
- The amount of information gathered in researching the material
- The interest students show in the committee reports
- The questions asked after each report

The overall value of this activity can also be measured by the one attitude scale which will have been administered both before and after the student activities in this section have taken place.

NOTES

LEARNING EXERCISE 1

DRUG ABUSE QUESTIONNAIRE

Agency Title _____

Address _____

Name and official title of the representative being interviewed. _____

_____

Nature of the statistics compiled in the study. (What years do the statistics include, what percentage of the population, etc.?) _____

_____

_____

_____

Division of the study. From _____ To _____

The number of people who died from prescriptive drug abuse. _____

Their ages - 20 and under _____ 21-30 _____ 31-40 _____ 41 and above _____

The number of people who died from narcotics abuse. _____

Their ages - 20 and under _____ 21-30 _____ 31-40 _____ 41 and above _____

The number of people who required medical treatment because of prescriptive drug abuse. _____

Their ages - 20 and under _____ 21-30 _____ 31-40 _____ 41 and above _____

The number of people who required medical treatment because of narcotics abuse. _____

Their ages - 20 and under _____ 21-30 _____ 31-40 _____ 41 and above _____

The number of deaths caused by the following:

barbiturates _____

amphetamines _____

heroin _____

LSD _____

speed _____

other _____

The number of persons requiring medical treatment because of the following:

barbiturates _____

amphetamines _____

heroin _____

LSD _____

speed _____

other _____

What are some practices which should have been followed to avoid these deaths and crises? _____

_____

_____

_____

_____

_____

LEARNING ACTIVITY 2: PHYSICIAN RESOURCE ON DRUG USE

Reference: Curriculum Resource Handbook, pp. 78-82

OBJECTIVES

- To give students an opportunity to discuss with a competent physician the uses and dangers of patent drugs
- To sensitize students to the dangers associated with careless use of readily accessible drugs

TECHNIQUE

Follow the recommendation as outlined in the Curriculum Resource Handbook and invite a local physician to visit the class to discuss the use and misuse of patent drugs accessible to every consumer. Students may make a display of these drugs. Ask for volunteers to serve on a committee which will develop the kinds of questions to ask the physician.

Sample questions the committee might ask are as follows:

Drugs in General

- Are there any patent drugs on the market today which are greatly overrated? If so, what are they?
- Just how important are vitamin pills?
- Are there any myths about drugs which you feel people should be told?
- Can the consumer derive any medical value from drugs advertised in periodicals? Are there some advertised drugs he should avoid?

Questions regarding specific drugs on exhibit:

- When should a person use these drugs?
- Are there any dangers in using this drug?
- How long should a drug of this nature be used?
- Are there any dangers in using it in combination with other drugs?
- If a person gets no effective relief when using this drug, what should he then do?

The committee should plan a preliminary meeting with the doctor to go over the questions students want answered. They should also ask the doctor to devote a portion of his presentation to a discussion of the patent drugs on display which members of the class have brought from home. Other kinds of drugs which the doctor may want to include in his talk can be borrowed from a local druggist ahead of time so that they can be displayed. Students

can examine these individually as the physician discusses their relative merits and/or the inherent dangers involved in using them.

On the day of the presentation, the early portion of the program should be devoted to the committee questions and those staple drugs the doctor has requested the committee to secure. Then other members of the class should be given an opportunity to ask questions about medications they may have brought to class. Any other questions students may want to ask of the doctor should also be included in this portion of the program.

EVALUATION

The success of this activity can be measured by:

- The effort reflected in the planning committee's activities
- The student responses during the actual presentation, revealing the depth of student involvement
- The students writing brief responses (on paper you pass out) to simple questions such as the following:
  - Did you find the doctor's visit interesting or worthwhile? Explain.
- The attitudinal scale which measures attitude change that has taken place through study of this unit

A NOTE ON ADDITIONAL RESOURCE PEOPLE:

Too often the well-meaning teacher will make use of State and Federal narcotics bureau personnel as resource people, and they will find students becoming indifferent and perhaps even hostile to teacher efforts in examining their health problem. Bureau personnel carry with them a very powerful authortarian or law-enforcement image. Any program examining narcotics and dangerous drugs should provide a place for the ex-addict to be heard. Contacting Synonyn, Odyssey House, and other separately funded drug addiction rehabilitation centers to get guest speakers is highly recommended. Some of the storefront neighborhood rehabilitation centers have ex-addicts as directors. They would welcome the opportunity to share their experiences with others. We cannot pretend to know all the psychological or sociological reasons why establishment speakers incur the wrath of some students, but our awareness of this fact can do much to avoid some unnecessary alienation.

Speakers who have "been the route" and know the problem firsthand are important resource personnel. The slightest bit of "preaching" on anyone's part will destroy student involvement, though. Use of any resource people must be controlled so that there is no one stressing dogma, and, on the other hand, there is no tacit recommendation for drug use.

Care also must be taken to avoid using former addicts whose involvment with drugs may make him just as glamorous as the establishment figures may be unglamorous.

LEARNING ACTIVITY 3: PHYSICAL AND PSYCHOLOGICAL HARM

Reference: Curriculum Resource Handbook, pp. 78-82

OBJECTIVE

To lead the students to an understanding of the physiological and psychological deterioration that drug addiction may cause

TECHNIQUE

Reliable drug addiction rehabilitation centers which are funded with public monies would be the best source for speakers who are former addicts and who truly have something to say. These centers have an inherent responsibility to the agencies which support them, and their lists of speakers should reflect this fact.

Discuss in advance the points which can be considered when these speakers visit the class. These items can best be covered through the use of a student committee. This committee could distribute 3 x 5 cards to the class, describe the kind of guest speaker who has been invited, and then solicit questions proposed by the students. The student committee could choose the questions which they feel have the most merit. They could then submit these to their guest speaker ahead of time, discuss them with him, and go over the questions. Those which the speaker finds too personal should be eliminated and additional questions which the speaker regards as more pertinent substituted.

Some sample questions which might evolve from these student committees are:

- What drug were you addicted to?
- When and how did you start taking drugs?
- How long were you an addict?
- How did you get the money for your habit?
- How expensive a habit was it?
- How many times were you arrested?
- How have you suffered (physically, financially, etc.) from your habit?

EVALUATION

The success of this activity can be measured by:

- The degree of student involvement in the class committee work
- The development of student questions

LEARNING ACTIVITY 4: METHADONE

Reference: Curriculum Resource Handbook, pp. 78-82

OBJECTIVE:

To provide the students with information on the methadone maintenance treatment for narcotic addicts

TECHNIQUE

Distribute Learning Exercise 4. Tell the students to read the information at home. If the students have any questions at the next meeting, suggest that the class might compose a letter to the Narcotic Addiction Control Commission to obtain current information on this program or any other program concerning drug addiction. The address is on page 80 of the Curriculum Resource Handbook. This procedure not only encourages the students to seek information but also may reinforce some of the letter writing procedures they developed during the part of the curriculum devoted to communication skills.

Distribute Learning Exercise 4a. Direct the students to complete the matching questions. The answers are:

A.	1. D	4. A		B.	1. D	4. E
	2. F	5. C			2. B	5. F
	3. B	6. E			3. A	6. C

EVALUATION

The value of this activity can be determined by the students' questions and their willingness to obtain further information.

A good indication of the students' knowledge of drug abuse can be ascertained when discussing the correct responses on the test. The instructor should be receptive to the students' reactions in order to determine the need for any further discussion of drug abuse.

In addition, the instructor may be able to sense the students' attitudes towards methodone clinics by asking questions such as:

- Do you think that this program is doing any good?
- Do you think someone attending this clinic does so to obtain free drugs?
- Do you think that most drug addicts are interested in becoming useful members of society?

Note to the instructor:

If there is any suspicion that a member of the class is a drug abuser, one step that could be taken is to contact the local Narcotics Guidance Council unless other procedures have been established by the administrator in charge.

LEARNING EXERCISE 4

METHADONE

Methadone maintenance treatment for narcotic addicts is one program designed to overcome the psychological dependence that narcotic addicts have developed through the use of narcotics. This program also helps these people to adjust to a new way of life.

These are some common questions and answers about the methadone maintenance treatment.

1. How is it used in the treatment of narcotic addicts?

Methadone has been used since 1948 to detoxify narcotic addicts. For this purpose, methadone is given in amounts equal to the narcotic used and then gradually reduced and discontinued. During the last few years, methadone has been used in amounts which will satisfy the addict's craving for narcotics and block the effects of heroin.

2. When used for maintenance purposes, how is methadone taken?

Methadone is dissolved in orange or other fruit juice and taken by mouth. It is fully effective by mouth and a single dose will last 24 to 36 hours. The dose can be stabilized so that it does not have to be increased as is the case for heroin.

3. How does a patient get stabilized on methadone?

Stabilization takes about 6 weeks. The patient is placed under medical supervision and given small amounts of methadone. The dose is then increased gradually until it is large enough to end his craving and to block the effects of heroin.

4. What kind of performance can be expected from the stabilized methadone maintenance patient?

Higher levels of functioning usually emerge gradually. Many patients at first try heroin, if only to see whether methadone really blocks the effect. Most patients take a while to settle down, gradually becoming productive and functioning in the community.

5. Does methadone produce euphoria or a high as heroin does?

When injected into a vein and used occasionally, methadone can produce a high. When used for maintenance purposes, it is taken regularly by mouth and the dose is gradually increased to the stabilization level. As a result, it does not produce euphoria or cause a patient to feel high except during the earliest stages of treatment.

6. Does methadone impair work or intellectual abilities?

No. Once stabilized, patients are encouraged to return to work as soon as possible and to engage in other constructive activities. Intellectual functioning is not impaired.

7. Is methadone maintenance merely a matter of substituting one addiction for another?

Methadone is a potent narcotic which, when used, creates a state of physical dependence. Experience has shown that, at stabilization doses, it helps the addict to change his life from a street junkie to a productive member of the community.

8. Must a methadone patient remain on methadone for life?

No. Hopefully, individual counseling and other rehabilitation techniques will bring the patient to the point where he no longer needs a methadone assist, and the drugs can be discontinued.

This information has been condensed from the pamphlet *A Methadone Primer* which can be obtained free from the Narcotic Addiction Control Commission.

LEARNING EXERCISE 4a

RECOGNIZING TERMS

A. Common names versus slang names
Match the slang name of a drug with its common name.

1. Heroin	A. Goofballs
2. LSD	B. Grass
3. Marijuana	C. Coke
4. Barbiturate	D. Horse
5. Cocaine	E. Bennies
6. Amphetamine	F. Acid

B. Word meanings
Match the meaning with the terms.

1. Hallucinogen	A. Use as a local anesthetic
2. Marijuana	B. Made from Indian hemp plant
3. Novocaine	C. Addicted to a drug
4. Cleaning fluid	D. LSD
5. Sodium Pentothal	E. Volatile chemical misused by inhaling
6. Hooked	F. Truth serum

LEARNING ACTIVITY 5: OVER-THE-COUNTER DRUG CAUTIONS

Reference: Curriculum Resource Handbook, pp. 78-82

OBJECTIVES

- To make the students aware that over-the-counter drugs are not safe for everyone
- To point out that the Caution or Warning section of the label includes important information not found in the Directions on the container

TECHNIQUE

The following information should be presented to the students: Drugs sold at the pharmacy can be divided into two major groups. One type, a prescription drug, can be purchased only if the person has a prescription from a physician. The other type of drug can be purchased without a prescription. This type of drug is referred to as an "over-the-counter" drug.

Distribute Learning Exercise 5. Explain to the students that these examples were taken from over-the-counter medications, some of which are to be used internally, some externally.

Example 1 was taken from a label of a drug that is used internally. The cautions include the following warnings:

1. People with certain conditions should not use this product without advice from their physician.

2. The drug may cause drowsiness, therefore, the patients should plan to limit their activities while taking it.

3. Consult a physician if the condition does not improve.

4. Keep the medication in a safe place.

5. Read the directions carefully.

Sometimes the word "antidote" is found on the label instead of the terms "caution" or "warning." The instructions that follow the word "antidote" will indicate what should be done for a person who has taken an overdose or has used the medication incorrectly. Often the information will include what to do to counteract the harmful effects of the product.

Example 2 is taken from a liniment and contains many warnings which include:

1. When to consult a physician

2. Not to use the product near a flame

3. Not to use the product on certain body parts

4. People with certain conditions should not use the product without consent from their physician.

5. Clothing may be affected if the liniment comes in contact with it.

Example 3 is taken from an external medication that certainly is not to be used internally. The label gives instructions as to what to do if the medication is accidentally taken internally.

Example 4 is taken from a medication used as a laxative. The warning includes:

1. When not to use the product

2. The fact that prolonged use could bring about undesirable results

The main point of this lesson is that the label of any drug should be read thoroughly because improperly used medications can cause harm to the patient. For example, aspirin causes about 125 deaths per year and 600,000 cases of poisoning per year. Often young children are the victims of aspirin poisoning. Precautions should be taken to keep all harmful products out of the reach of children. Some drug companies have provided special tops or caps on some of their drug containers. The safety top on some children's aspirin bottles is designed to make it difficult for a young child to open the bottle. The tops should be properly replaced.

EVALUATION

The students' realization of the dangers of over-the-counter drug misuse should be evident in the class discussion and reactions to the sample warnings.

NOTES

LEARNING EXERCISE 5

OVER-THE-COUNTER DRUG CAUTIONS

EXAMPLE 1

Persons with high blood pressure, heart disease, diabetes, or thyroid disease, see physician before using. Since drowsiness may occur, do not drive or operate machinery. If symptoms persist, see your physician. Keep all medicines out of reach of children. Read circular before using.

EXAMPLE 2

If pain persists for more than 10 days or redness is present before liniment is applied or in conditions affecting children under 12 years of age consult a physician immediately. Do not use near fire or flame. Do not get liniment in the eyes or mouth. If excessive irritation develops, discontinue use. Diabetics should use liniment only upon the advice of a physician. Let it dry thoroughly before permitting contact with clothing.

EXAMPLE 3

If accidentally swallowed, call a physician. Move patient to fresh air. If not breathing, apply artificial respiration. If conscious, induce vomiting by giving a tablespoonful of salt in a glass of warm water and repeat until vomit fluid is clear.

EXAMPLE 4

Do not use when abdominal pain, nausea, or vomiting is present. Frequent or prolonged use of this preparation may result in dependence on laxatives.

LEARNING ACTIVITY 6: PRESCRIPTION LABELS

Reference: Curriculum Resource Handbook, pp. 78-82

OBJECTIVE

To properly interpret the information provided on labels of prescription drugs

TECHNIQUE

Distribute Learning Exercise 6.

Example 1 shows a typical prescription label. Point out that information identifying the pharmacy is found at the top of the label. This includes the name, address, and telephone number of the pharmacy. The other information on the label is concerned with that particular prescription. It includes:

1. The number of the prescription
2. The date it was filled
3. The name of the patient
4. Instructions for use
5. The prescribing physician's name

Example 2 contains two different directions that if followed properly will result in the patient taking four tablets per day. Ask the students what the difference is in the directions A and B.

> Direction A usually requires the patient to take a tablet before or after every meal and at bedtime. Direction B indicates that the medication should be taken at 6 hour intervals which means the patient must wake up sometime during the night to take a tablet. This is important when a certain amount of medication must be continuously present in the blood stream to perform properly.

Example 3 may or may not be found on the label. Sometimes a separate label with the term nonrefillable is attached to the container. The message in example 3 is more complete because it reminds the patient that the medication is only for him in his present condition and that his physician should be consulted before a refill can be obtained.

Example 4 would be found on a bottle of ear drops prescribed for an ear infection. There are three important directions given to the patient:

1. How many drops to use
2. How often to use the medication
3. Where to use the medication

The third point is a very important one to follow. If the patient were to take the drops orally, it would not help his infected ear.

For certain conditions such as nausea, a doctor may prescribe a medication that is taken rectally or one that is dissolved in the mouth but not swallowed. If the patient does not follow the directions, the medication will not do him much good.

A pharmacist may be invited to speak to the class on prescription and nonprescription drugs. This person should be able to share some practical on-the-job experiences with the class along with pertinent information. The instructor may want to invite the pharmacist or he may want to involve the students in this task.

EVALUATION

Distribute Learning Exercise 6a. Instruct the students to read the directions given on the exercise sheet. The instructor should be able to evaluate the students' progress through the use of this exercise. The answers are as follows:

1. Mr. John Doe--C. Moss is the pharmacist, Dr. Smith the physician.
2. No--The term nonrefillable is on the label.
3. 4--One tablet 4 times a day equals 4.
4. 141, 392--The patient should use this number if he wants information about the prescription from the pharmacist.
5. 11:30 a.m.--The tablet should be taken one-half hour before the noon meal.
6. 4--By the third day the patient is taking 1 tablet every 6 hours.
7. 2--The directions indicate 2 tablets every 6 hours.
8. More tablets--The directions tell the patient to continue taking the medication until it is used up. If the physician wanted to keep the patient on the medication for a longer period of time, he could simply prescribe a greater number of tablets.
9. 2--The directions indicate that a solution is used and also a powder.
10. The powder--The directions indicate to apply the powder after the solution.

NOTES

LEARNING EXERCISE 6

PRESCRIPTION LABELS

Example 1

Hometown Pharmacy
John Doe, PH. B.S. Reg. No. 12305
1800 State St. Tel. 123-9000 Hometown, N.Y.

No. 134,392 Date 5/10/72
Mr. John Hyde
One tablet 4 times a day

Dr. Jones

Example 2

Directions:

A. 1 tablet 4 times a day
B. 1 tablet every 6 hours

Example 3

This medicine is intended for you only and your present condition, and cannot be refilled without the consent of your physician. Consult him before requesting a refill.

Example 4

Place three drops in infected ear 4 times a day.

LEARNING EXERCISE 6a

PRESCRIPTION LABELS

DIRECTIONS: Answer the questions that follow each sample label.

Sample 1

Anytown Pharmacy
C. Moss, PH. B.S. Reg. No. 12304
3305 Main St. Tel. 393-9001 Anytown, N.Y.

No. 141, 392 Date 10/8/72
Mr. John Doe
Take 1 tablet 4 times a day one half hour
before meals and one hour before bedtime

Nonrefillable
Dr. Smith

1. The prescription was written for _____.
2. Will the patient be able to call the pharmacy and get more of the same medication? _____
3. How many tablets should be taken in one day? _____
4. The prescription number is _____.
5. If the patient normally ate lunch at 12 noon, he should take a tablet at _____.

Sample 2

Take 2 tablets to start then take 2 tablets every 6 hours for the first 48 hours. Then take 1 tablet every 6 hours thereafter until the medication is used up.

6. How many tablets should be taken on the third day?
7. How many tablets should be taken every 6 hours for the first two days.

8. If the doctor wanted the patient on the medication for a longer period of time, he would most likely have prescribed _____.

Sample 3

Apply powder between toes after the medicated solution is applied.

9. How many medications should the patient be using for his condition? _____
10. What medication is used last? _____

LEARNING ACTIVITY 7: ATTITUDE TOWARD DRUGS

Reference: Curriculum Resource Handbook, pp. 78-82

OBJECTIVE

To measure the degree of attitudinal change that takes place toward drug usage as a result of this unit of study

TECHNIQUE

Provide each student with a copy of Learning Exercise 7 before there has been any treatment of the unit. Read the directions with the students and ask that they follow them closely. Answer any questions the students may have. Each of the categories has a numerical value from 1 to 5, with the highest positive value equal to a score of 5 and the lowest negative value equal to a score of 1.

EVALUATION

Collect the attitude scales and compute the totals of the responses of the class for each of the items mentioned. This should be done twice, once before and once after teaching the activity. After the scale has been administered a second time, compare the second set of responses with the first to determine the degree of change that has taken place with respect to each of those activities. An increase in total score of the second administration over the first will indicate the development of the desired attitudes. Any variations in the scores will reflect attitudinal changes.

The scale can be given a third time some 6 or more weeks later. The responses tabulated this time may reflect whether the initial attitudinal changes are lasting or transitory in nature.

NOTES

LEARNING EXERCISE 7

DRUG USAGE

A series of activities concerning drug usage are listed on this sheet for your consideration. This device is intended to show how you now feel toward each of those items. There is a scale to the right of each item, and you are asked to circle one number which comes closest to your present attitude toward a particular situation. If you regard something as very bad, circle the number 1 on the scale. On the other hand, if you feel the activity as it is described on this sheet is very good, circle the number 5. Circling the number 3 would suggest that you have an indifferent attitude toward the activity.

Activity	Rating Scale				
	Very Good	Good	Indifferent	Bad	Very Bad
Shooting H	5	4	3	2	1
Taking amphetamines (ups)	5	4	3	2	1
Sniffing glue	5	4	3	2	1
Using barbiturates (downs)	5	4	3	2	1
Shooting speed	5	4	3	2	1
Dropping acid	5	4	3	2	1
Regular use of drugstore medicine (aspirin, laxatives, etc.)	5	4	3	2	1
Smoking pot	5	4	3	2	1
Taking bennies	5	4	3	2	1

LEARNING ACTIVITY 8: DO YOU KNOW THE FACTS ABOUT SMOKING?

Reference: Curriculum Resource Handbook, pp. 74-77

OBJECTIVE

To expose students to some basic facts regarding the effects of smoking

TECHNIQUE

Introduce the topic by encouraging the students to discuss their position on smoking. Point out that their decision to start smoking or to continue smoking should be based on facts. Sometimes people choose to ignore facts that do not coincide with their point of view. To assess their knowledge in the area of smoking and health, ask the students to complete the TRUE-FALSE questions in Learning Exercise 8.

When the students have completed the test, discuss each question, indicate the correct response,and provide the supporting evidence for the correct response.

The correct responses are as follows:

1. FALSE. The death rate from heart attacks is definitely higher among cigarette smokers than among nonsmokers. Cigarette smoking is common among patients with emphysema. This is a serious lung disease that can damage the heart. Chronic bronchitis, another disabling disease, is also associated with smoking.

2. FALSE. Even in youth, cigarettes can irritate the throat, cause a hacking cough, cut down on a person's wind. Most athletes don't smoke because they know it reduces their fitness and endurance. The earlier one starts smoking, and the more cigarettes he smokes daily, the greater his risk of lung disease or heart attacks when he reaches middle age.

3. FALSE. There are fewer statistics on women, because they haven't been smoking as long as men, but according to present evidence, women smokers have a greater risk of lung cancer and heart disease than women who do not smoke.

4. TRUE. The death rate from heart attack decreases among those who give up cigarette smoking, until it is close to the death rate of people who have never smoked. When a person stops smoking, some body tissues that have been damaged - such as in the lungs or bronchial tubes - gradually return to normal.

5. FALSE. There is no such thing as a cigarette which has been proven "safe." Since scientists have not yet found and tested all the elements in cigarette smoke, it is impossible to know how many substances must be filtered out. Also, some filter cigarettes have a higher content of nicotine and tars than some unfiltered cigarettes.

6. FALSE. No safe way to smoke cigarettes has yet been found. Even the nonsmokers absorbs some of the nicotine in cigarettes and retains some of the tars in his mouth. It is true that the smoker who doesn't inhale has lower risks than the inhaler, but very few steady smokers do not inhale. Often, a smoker can inhale without being aware of it.

7. TRUE. Recent surveys show that thousands of doctors have stopped smoking cigarettes. Ask any medical doctor what he thinks about the dangers of smoking.

8. TRUE. People who stop smoking sometimes turn to overeating; they substitute candy and snacks for the cigarette habit. Many people say food tastes better when they don't smoke, but weight can be controlled with proper eating habits.

9. TRUE. Most people cannot restrict themselves to a few cigarettes now and then. Researchers tell us that the smoker who begins in his teens with a few cigarettes is likely to become a habitual smoker.

10. TRUE. Young people just starting to smoke are not like older people who have smoked for 15 or 20 years. The habit is certainly not as strong for them. When teenagers decide that they want to quit and are determined to do it, the chances are excellent that they will succeed.

11. FALSE. The scientists who prepared the report were fully convinced by the evidence. They concluded that cigarette smoking is a serious health hazard, endangering the lives of millions of Americans. Some of their findings were:

- Cigarette smoking is the most important cause of lung cancer.
- The more a person smokes, the greater the risk of lung cancer.
- Cancer of the larynx may be caused by cigarette smoking.
- Bronchitis is caused by cigarette smoking.
- There is a higher death rate from coronary heart disease among male smokers than among nonsmokers.

Since the report was issued, many organizations and groups have taken action to alert the public to the dangers. The government took action by requiring manufacturers to print a warning label on cigarette packs.

12. TRUE. Most statistics point out that the life expectancy for smokers is less than for nonsmokers. In fact, the differences are so great that some life insurance companies offer lower rates to nonsmokers.

13. FALSE. The greater the number of cigarettes smoked daily, the higher the death rate. For men who smoke fewer than 10 cigarettes a day, the rate is 40 percent higher than for nonsmokers. For those who smoke 10-19 cigarettes a day, 70 percent higher, and for those who smoke 40 or more a day, 120 percent higher.

14. FALSE. There is some evidence that among women who smoke during their pregnancy there are a greater number of babies weighing less than the average. There may be other effects of smoking on the unborn baby which are not yet known. In relation to a pregnant woman's health, smokers have higher overall death rates than non-smokers.

15. TRUE. Filters can be made that will remove almost every ingredient of the smoke, but cigarettes with such filters would not be salable. Charcoal filters reduce some of the gases that are harmful to the lungs, but the most commonly used filters only decrease some of the tar and nicotine.

EVALUATION

Provide each student with a copy of Learning Exercise 8a before beginning a formal study of the unit. Ask them to follow the directions as outlined at the top of the page. Administer this attitude scale again at the conclusion of the activity. The scale can also be given a third time some 6 weeks or more after the activity has been completed to measure the retention of attitude changes.

Tabulate the responses of each student to obtain measures of how the students felt before instruction and after the material was presented. A comparison of the two scores will reflect the amount of change that had taken place during the presentation. Use of the scale a third time will perhaps reveal the degree of change that is still present some 6 weeks or more after the activity has been completed. This degree of change still present can be considered more important and lasting than that reflected in the second administration of the scale.

Once you have scored the scale administered at the beginning, put it aside until the students have taken the scale at the close of the unit. Calculate a score by deducting the number of negative responses from the number of positive responses. There are 12 words, six of which are positive and six of which are negative. Words numbered 1, 4, 5, 7, 8, and 9 are positive, while numbers 2, 3, 6, 10, 11, and 12 are negative.

NOTES

LEARNING EXERCISE 8

DO YOU KNOW THE FACTS ABOUT SMOKING?

DIRECTIONS: Some of the statements below are TRUE and some are FALSE. If the statement is true, place an X on the line in the TRUE column. If the statement is false, place an X on the line in the FALSE column.

		TRUE	FALSE
1.	Lung cancer is the only serious disease associated with smoking.	____	____
2.	Cigarettes do not hurt teenagers.	____	____
3.	Smoking is not a health hazard for women.	____	____
4.	Whether or not you've smoked a long time, your risks go down when you quit.	____	____
5.	Filters make cigarettes safe.	____	____
6.	There is no risk in smoking cigarettes if you do not inhale.	____	____
7.	Most doctors do not smoke cigarettes.	____	____
8.	Some people gain weight when they quit smoking.	____	____
9.	Some people can smoke a few cigarettes without getting the habit.	____	____
10.	Young smokers are not necessarily hooked by the cigarette habit.	____	____
11.	The report to the Surgeon General of the United States Public Health Service on *Smoking and Health* left some doubts that smoking really is harmful.	____	____
12.	Smoking tends to shorten life.	____	____
13.	The number of cigarettes smoked per day does not have an effect on the death rate.	____	____
14.	If a woman is pregnant and smokes, it does not have any effect on her health or that of her child.	____	____
15.	Filters can be made to be almost 100 percent effective.	____	____

LEARNING EXERCISE 8a

ATTITUDES TOWARD SMOKING

DIRECTIONS: Circle the words or phrases that tell how you now feel about smoking.

1. enjoyable
2. dull
3. risky habit
4. fun
5. pleasant
6. square
7. relaxing pastime
8. useful
9. cool
10. useless
11. foolish
12. worthless

LEARNING ACTIVITY 9: THE EFFECTS OF SMOKING ON BLOOD CIRCULATION

Reference: Curriculum Resource Handbook, pp. 74-77

OBJECTIVE

To make the students aware that the harmful effects of smoking are not limited to the lungs

TECHNIQUE

The students will need the following background information before they will be able to proceed with Learning Exercise 9.

1. Heat is generated within the body as a result of chemical activities within the cells.
2. Body temperature must be controlled. Body temperatures that are too high or too low can be harmful.
3. The skin is one of the major organs involved in temperature regulation.
4. Tiny blood vessels in the skin can be regulated so that they carry different amounts of blood. The greater the amount of blood near the surface, the greater the loss of heat.
5. A heat sensitive film has been developed. This film is exposed by heat waves given off by an object. Medically, the film can be used to study many conditions including blood circulation.
6. If blood circulation in the skin is interferred with in one part of the body, there should be less heat given off by that part and the film should be underexposed and appear darker than an area with a greater blood supply.

Distribute Learning Exercise 9. Allow the students to look at the thermograms and determine which pair of arms appears to have better circulation. The arms that are lighter (especially the hands) have better circulation. Point out that these two thermograms are of the same person, and that the thermograms were taken 15 minutes apart. In other words, these are "before" and "after" thermograms. Ask: "What could have caused the difference?" The "before" thermogram was taken before the individual smoked one cigarette. The "after" thermogram was taken 15 minutes later.

When the discussion is completed, divide the class into groups and have them carry out experiments one and two. Note: each group should be made up of individuals fitting the description in experiment one.

The purpose of these experiments is to demonstrate the effect of smoking on the heart and circulation, and they should lead to a discussion of the following concepts.

Some important facts about smoking and heart disease are:

- Nicotine increases the rate of heartbeat and prevents the heart from receiving sufficient rest between contractions.
- Blood pressure increases during and after smoking.

- Small blood vessels in the toes and fingers are constricted by the action of tobacco.
- Cigarette smokers have a substantially higher death rate from coronary artery disease than do nonsmokers.
- Smoking interferes with one's ability to enjoy an optimal level of physical fitness. In smokers, efficient use of oxygen in the body is greatly hampered.
- Smoking decreases the amount of blood and oxygen available to muscles. Burger's disease, usually found in smokers, is an impaired circulation in the lower extremities which is complicated by smoking.
- Individuals can avoid premature deaths from coronary artery disease by avoiding the smoking habit, by reducing the amount they smoke, or by kicking the habit altogether.
- If you don't smoke, don't start. If you smoke, kick the habit. If you continue to smoke,you can reduce some of the harmful effects of smoking by following these five steps:
  1. Choose a cigarette with less tar and nicotine.
  2. Don't smoke the cigarette all the way down.
  3. Take fewer drags on each cigarette.
  4. Reduce inhaling.
  5. Smoke fewer cigarettes.

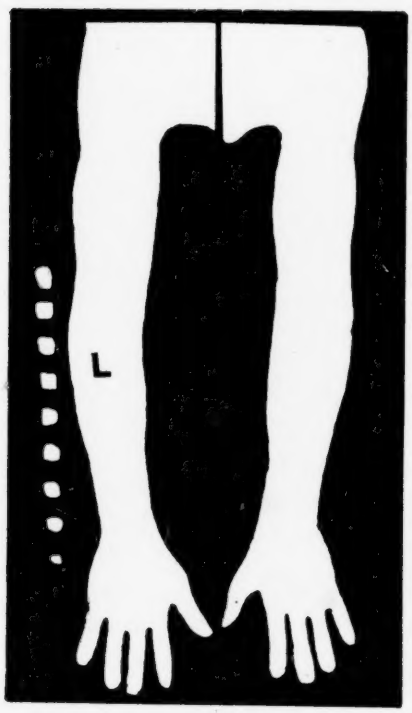
EVALUATION

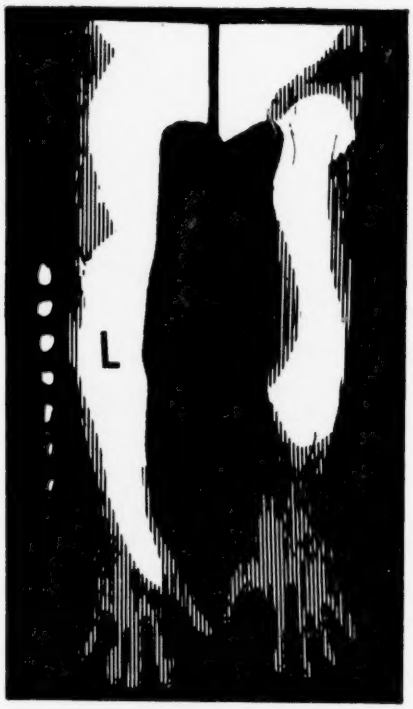
Student reaction and interest during the discussion and experiments will reflect their awareness of the harmful effect of smoking on the heart and circulation.

NOTES

LEARNING EXERCISE 9

THE EFFECTS OF SMOKING ON BLOOD CIRCULATION





EXPERIMENT ONE: The interference of blood circulation can be tested with a clinical thermometer. Have the nonsmoker, or someone who has not smoked for several hours, hold the thermometer. Then have a smoker hold the thermometer. Smokers show a drop of about 6 degrees or more, even when using filter cigarettes.

EXPERIMENT TWO:

A. Have a student light a cigarette, then take his pulse as he has concluded the third or fourth puff. When the cigarette is finished, take the pulse every 5 minutes until the pulse rate returns to normal. The arterial pulse, taken at the wrist, is an accurate indication of the heart rate. One can take the pulse of a student by placing two middle fingers of the right hand on the thumb side of the student's wrist. In each instance, record the pulse rate as the number of pulsations felt per minute.

B. Arithmetically determine the number of extra beats caused by one cigarette, then determine how many extra beats one pack of cigarettes causes the student. Since with each beat the heart pumps over 2 ounces of blood, calculate the extra volume of blood that is pumped by the heart induced by smoking one package of cigarettes.

LEARNING ACTIVITY 10: WHY ADOLESCENTS DRINK

Reference: Curriculum Resource Handbook, pp. 82-85

OBJECTIVE:

To discuss the reasons adolescents drink and to suggest reasons for not drinking

TECHNIQUE

Stimulate a class discussion by asking questions such as:

- What is the problem of adolescent drinking?
  (Intoxication not alcoholism)
- Generally, why would taking an alcoholic drink have a greater effect on a teenager than on an adult?
  (Teenagers usually have a lower body weight)
- Can alcoholic beverages inhibit muscular coordination and judgment?
  (Yes - the effect varies with the concentration of alcohol in the body.)

Once it has been established that alcohol consumption may cause problems, the discussion may then turn to why some people choose to drink alcoholic beverages and why some people do not. Some of the reasons that are brought up in the discussion may include the following points:

Why drink	Why not drink
1. To imitate adult behavior	1. Preference or personal conviction
2. To satisfy curiosity	2. Parental attitudes toward drinking
3. To go along with the crowd	3. The unpleasant taste of alcohol
4. To repress self-restraints	4. Religious conviction
5. To quell feeling of inferiority	5. Social evils
6. To rebel	6. Preference for other activities such as driving or participation in sports
7. To seek adult status	7. Desire for good health
	8. Cost

EVALUATION

The success of this activity can be determined by the students' willingness to participate in the class discussions. Observe individual students. Note that many have already formed attitudes towards drinking.

NOTES

LEARNING ACTIVITY 11: TRUE-FALSE TEST ON ALCOHOL

Reference: Curriculum Resource Handbook, pp. 82-85

OBJECTIVE

To enable the students to evaluate their knowledge of alcohol

TECHNIQUE

Distribute Learning Exercise 11. Have the students follow the directions at the top of the page.

The answers to the questions are:

1.	True	6.	False	11.	False	16.	True	21.	True
2.	True	7.	True	12.	True	17.	False		
3.	False	8.	True	13.	False	18.	False		
4.	True	9.	False	14.	False	19.	True		
5.	False	10.	True	15.	False	20.	True		

Ask the students: What are some of the symptoms of alcoholism? In the discussion, some of the following points may be brought up:

- The alcoholic may have blackouts.
- The alcoholic may hide alcoholic beverages.
- The alcoholic cannot overcome the desire to drink to excess.
- The alcoholic sneaks drinks.
- The alcoholic will eat less as he drinks more.
- The alcoholic will drink anything which contains alcohol.
- The alcoholic may remain intoxicated for days.
- The alcoholic frequently loses time from work.
- The alcoholic will have many excuses for his habit.
- When inebriated the alcoholic may become impulsive, aggressive, mad, or depressed.
- The alcoholic will have generally poor health - flushed face, shaking hands, and stooped posture.

EVALUATION

The instructor can determine the students' knowledge by examining the test results. This exercise may be a valuable pretest. The students will be able to find out what they know or don't know about alcohol if the instructor reviews the test items and correct responses during the class period.

NOTES

LEARNING EXERCISE 11

TRUE-FALSE TEST ON ALCOHOL

DIRECTIONS: If the statement is true, place an X on the line in the TRUE column. If the statement is false, place an X on the line in the FALSE column.

		TRUE	FALSE
1.	Alcohol is a drug.	____	____
2.	Alcohol is a food.	____	____
3.	In the body, alcohol is digested just as food is.	____	____
4.	In the body, alcohol is burned up just as food is.	____	____
5.	Because it is a stimulant, alcohol tends to pep a person up.	____	____
6.	Everyone's body reacts the same way to the same amount of alcohol.	____	____
7.	A certain level of alcohol in the body can cause impaired hearing.	____	____
8.	Alcoholic beverages can be fattening.	____	____
9.	Alcohol in any quantity will damage certain organs in the human body.	____	____
10.	A person can die of alcohol poisoning.	____	____
11.	All alcoholic beverages are equally strong.	____	____
12.	Liquor taken straight will affect you faster than liquor mixed with water or soda.	____	____
13.	You'll get drunker on vodka or gin or rum than on the same amount of whiskey.	____	____
14.	Switching drinks will make you more drunk than staying with one kind of alcoholic beverage.	____	____
15.	You can sober up quickly by drinking black coffee and dousing your head with cold water.	____	____
16.	It's risky to drive a car right after having a drink.	____	____
17.	Drunkenness and alcoholism are the same thing.	____	____
18.	Anyone who drinks at all is likely to become an alcoholic.	____	____
19.	Alcoholics can be helped.	____	____
20.	There are certain symptoms to warn people that their drinking may be leading to alcoholism.	____	____
21.	In New York State, a person convicted of causing an automobile accident while under the influence of alcohol will automatically have his license revoked.	____	____

LEARNING ACTIVITY 12: REACTIONS TO ALCOHOL

Reference: Curriculum Resource Handbook, pp. 82-85

OBJECTIVE

To understand why people react differently to alcohol

TECHNIQUE

Ask the question "Why do people react differently to alcohol?" In this discussion which follows, the students may come to realize that there are both physical and psychological factors that cause people to react differently.

The physical factors that usually influence a person are:

- How fast he drinks: If a person ingests 1/2 ounce of pure alcohol during one hour, his body will be burning up the alcohol steadily, at the same rate at which his blood stream is absorbing it. If he gulps his drink, he will quickly feel the effect; and it will take an hour for the feeling to wear off.

- Whether he has eaten: Food in a person's stomach will slow down the rate at which the alcohol is absorbed into his blood stream. Thus, the alcohol will reach the brain at a slower rate than if the drink was taken on an empty stomach.

- The type of beverages: Beer and wine contain nutrients and other substances which slow down the absorption of the alcohol, resulting in lower alcohol concentrations in the blood. Alcohol in liquor is absorbed faster.

- His body weight: A 180-pound person has more blood and other fluids in his body than does a 120-pound person. Thus, the same amount of alcohol will be more diluted in the heavier person's blood stream, and it will not affect him as soon or as strongly as it will affect the lighter person.

- His body chemistry: Many researchers believe that a person's internal functioning may affect his reactions to alcohol. Some people can drink a great deal of alcohol and seem to remain quite sober. There are others who react with nausea and vomiting when drinking even small amounts of alcohol.

Although some habitual drinkers seem to develop a tolerance for alcohol (they must drink more to experience the same effect), the average person with .1 percent of alcohol in his blook will have noticeable breath odor; with .2 percent, his movements are clumsy; with .3 percent, he may be helpless; with .5 percent, his life may be in danger. In most states, a blood alcohol level of .15 percent constitutes, by law, a state of drunkenness.

The psychological factors that can influence a person are:

- The situation: Often a person unthinkingly regulates his behavior when he is drinking, depending on where he is, and with whom. A teenage boy may find that one beer makes him noisy and boisterous when he is horsing around with other boys at a friend's house — but he can suddenly quiet down when the friend's parents come home.

- His mood: A person's emotions can affect his drinking behavior. When he is at ease, he is likely to stop after one relaxing drink. But at another time when he is tense or angry, he may feel pressured to continue until his mind no longer focuses on his problems.

- His attitudes: How a person feels about using alcohol depends largely on ideas he absorbed while growing up. For instance, if his parents sometimes served a round of drinks when friends dropped in, he may regard drinking as an occasional social activity. Someone else, who often heard his parents speak of "needing a drink in times of trouble," might look on drinking as a necessary crutch for facing serious problems.

- His drinking experience: The person who is accustomed to alcohol recognizes when it is beginning to interfere with his judgment and coordination. Certain reactions warn him when to stop drinking; and he has learned certain ways to control his behavior.

Distribute Learning Resource 14. This exercise contains the names and addresses of organizations that offer help to the alcoholic or an individual who has a family member who is an alcoholic.

EVALUATION

In the discussion, the students should display a mature and informed attitude regarding the use of alcohol.

NOTES

LEARNING ACTIVITY 13: ATTITUDINAL SURVEY ON ALCOHOL

Reference: Curriculum Resource Handbook, pp. 82-85

OBJECTIVE

To measure the degree of attitudinal change that takes place toward alcohol and its usage as a result of this unit of study

TECHNIQUE

Provide each student with a copy of Learning Exercise13 before he has done any work in the unit. Read the directions with the students and ask that they follow the directions as outlined at the top of the page. Answer any questions the students may have.

This scale must be administered again at the close of the unit and a third time, if the instructor cares to, approximately 6 weeks later.

EVALUATION

Each of the categories within the sets of words under *alcohol* and *drinking* should be assigned a numerical value from 1 to 5, with the highest positive value carrying a score of *5* and the lowest negative value carrying a score of *1*. The first set of opposites under *alcohol* then would have the following values:

good __5__ : __4__ : __3__ : __2__ : __1__ : bad

The second set of words are reversed, so their numerical value would appear like this:

sick __1__ : __2__ : __3__ : __4__ : __5__ : healthy

Compute all the scores for each of these words on the first administration of this scale and then put these scores aside. After the scale has been administered again at the close of the unit, compare the scores to analyze the attitudinal changes which may have taken place.

A third administration of the scale 6 or more weeks after the close of the unit will provide a set of scores which will reflect attitudinal changes of a more lasting nature.

Compare the cumulative total of students' scores before the unit with the total after the unit. If the total is less after instruction, less positive (or less accepting) attitudes toward alcohol and drinking have occurred. To the extent that this occurs, the objectives of this section have been achieved.

Attitudes of individual students can be compared in the same manner.

LEARNING EXERCISE 13

ALCOHOL QUESTIONNAIRE

There are five pairs of words which may reflect your feelings toward *alcohol*. You may mark with an X any of the five columns, for each pair of words to indicate your attitude towards *alcohol*.

ALCOHOL

	always	usually	neither	usually	always	
good	_____:	_____:	_____:	_____:	_____	bad
unhealthy	_____:	_____:	_____:	_____:	_____	healthy
happy	_____:	_____:	_____:	_____:	_____	unhappy
attractive	_____:	_____:	_____:	_____:	_____	unattractive
like	_____:	_____:	_____:	_____:	_____	dislike

Now mark the following five pairs of words to reflect your attitudes toward *drinking*.

DRINKING

	always	usually	neither	usually	always	
pleasant	_____:	_____:	_____:	_____:	_____	unpleasant
hate	_____:	_____:	_____:	_____:	_____	love
praise	_____:	_____:	_____:	_____:	_____	criticize
necessary	_____:	_____:	_____:	_____:	_____	unnecessary
exciting	_____:	_____:	_____:	_____:	_____	dull

LEARNING ACTIVITY 14: COMMUNITY RESOURCES FOR ALCOHOL ABUSE

Reference: Curriculum Resource Handbook, pp. 82-85

OBJECTIVE

To develop realistic attitudes about the dangers of excessive alcohol use

TECHNIQUE

Ask each student to take a few minutes to think of a person they know who has a drinking problem. They might know him personally or they could have heard about him. He should have a serious enough problem so that he or those close to him have been hurt socially, economically, physically, or mentally because of it. Schedule the students for a series of 2-3 minute taping sessions. Each student can then relate, on tape, the problem of the particular person he has chosen.

A list of the kinds of information that the students will want to gather beforehand so that there is some uniformity in each of the reports follows:

- The first name, age, and marital status of the person being discussed.
- The people who are affected by the problem and just how they are affected.
- How this problem has affected his relationships with others.
- Some anecdotes which illustrate the nature of the problem.

A student committee should then audit the tapes and choose those cases which they regard as most representative of the types of problems that drinking can create. They should then develop questions around each of these case histories so that there will be a foundation for classroom discussion when they are presented.

A sample of the kind of case history that might be taped and the open-ended questions the student committee can develop follows:

SAMPLE CASE HISTORY

Jack is 26 years old and is married. Laurie, his wife, is the person most affected by his drinking problem. Although she knew he liked to drink before she ever married him, she did not think it would get as serious as it has gotten. Jack clears $90 a week, but he only gives Laurie $30 with which to run the house. She has to use a lot of her own earnings. This is money she was trying to put away towards a down payment on a house. Now Jack is spending so much money on alcohol that he has not provided any household money in the last 6 weeks. He is out a lot in the evenings and when Laurie asks where he's been, he tells her to mind her own business.

He's lost two jobs because he's been late to work too much and has taken long lunch breaks. His present boss is thinking of letting him go

just as his last two bosses did because he often smells of alcohol and has gotten into a couple of real nasty arguments with customers.

Sample questions:

- In your opinion, how serious is Jack's drinking problem?
- Should he have changed his attitude towards drinking when he first married? Why, or why not?
- What should he now do to remain employed and married?
- Does he really want to keep both these things?

If the students wish to bring these case histories into sharper focus and get some professional reactions to each of them, they can arrange to have guest speakers. These resource people should have had some work with alcoholics. Setting up their visit to the classroom can be done either through a personal visit or over the phone. Students handling the arrangements should make certain that the speaker knows the nature of the program, the date and time it will begin, approximately how long it will last, and their particular role in the program as the student committee envisions it.

Some possible types of speakers to invite to the school, besides those connected with the A.A. are:

- A member of the clergy
- A psychologist
- A marriage counselor
- Vocational rehabilitation advisers

The guest speakers could be employed to follow up the initial discussions of the case histories. Those cases which students felt required further discussion could be assigned to these people. The speakers could then add their commentary on the relative merits of the various courses of action they might recommend, and students could question them about their reasoning in each case.

It's important that the adult speakers *follow* the students. Any attempt to use these speakers at the very beginning of the discussions might prove unsatisfactory, for the instructor might find that the adults are dominating the program. Let the students decide whether or not they would like to invite them, and, if so, just what their role would be in this activity.

EVALUATION

- Observe the amount of enthusiasm demonstrated by the students in developing their individual case histories and editing the material for the class presentations.

- Note their response to the cases presented and the class interaction that transpires.
- Analyze the types of questions asked and the degree of depth reached in treating the problem of alcohol.
- Compare the students' responses on the attitude scale about alcohol and drinking before and after this section.

NOTES

RESOURCE 14

ORGANIZATIONS THAT OFFER HELP TO ALCOHOLICS OR TO FAMILY MEMBERS OF ALCOHOLICS

Alcoholics Anonymous is a national organization dedicated to helping individuals who have difficulty controlling their drinking. This aid is also extended to helping an alcoholic's family members to cope with the problem.

The address and telephone number of the local Alcoholics Anonymous chapter can be found in the telephone directory. Information can also be obtained by writing to:

General Service Office of A. A.
Box 459, Grand Central Station
New York, New York 10010

Al-Anon Family Group Headquarters
P.O. Box 182, Madison Square Station
New York, New York 10010

The following list includes alcoholism programs in New York State funded by the Office of Economic Opportunity.

Community Development Agency
349 Broadway
New York, New York 10007

Dutchess County Committee for
Economic Opportunity, Inc.
469 Main Street
Poughkeepsie, New York 12601

Newburgh Community Action
Committee, Inc.
150 Liberty Street
Newburgh, New York 12550

RECAP, Inc.
6-10 Academy Avenue
Middletown, New York 10940

Community Action Planning Council
of Jefferson County, Inc.
17-19 Paddock Arcade
Watertown, New York 13601

Opportunities for Broome, Inc.
320 Chenango Street - Box 1492
Binghamton, New York 13903

Economic Opportunity Program, Inc.
of Chemung County
150 Fox Street
Elmira, New York 14901

Action for a Better Community, Inc.
244 Plymouth Avenue South
Rochester, New York 14608

Schenectady Community Action
Program, Inc.
75 Lafayette Street
Schenectady, New York 12305

Seneca Nation Community Action
Agency
P.O. Box 268A
Irving, New York 14081

Economic Opportunity Corp.
of Tompkins County
121 East Court Street
Ithaca, New York 14850

Additional information for more serious cases may be found in *Hospitalization for Alcoholism in New York State*, a publication of the New York State Department of Mental Hygiene.

LEARNING ACTIVITY 15: VENEREAL DISEASE

Reference: Resource Curriculum Handbook, pp. 85-90

OBJECTIVE

To assess the students' knowledge of venereal diseases

TECHNIQUE

Distribute Learning Exercise 15 prior to any class discussion of venereal disease. By using this exercise as a pretest, the instructor can obtain some information regarding the students' knowledge in this area.

Distribute Learning Exercise 15a after the test and discussion of Learning Exercise 15 has been completed. This exercise is intended to stimulate further discussion.

EVALUATION

The instructor will be able to determine the extent of the students' knowledge by carrying out a simple item analysis on the test results. The instructor will also be able tc determine the students' needs by being aware of what the students say during any discussion that follows and by being receptive to their questions.

The answers to the questions are:

1.	True	6.	True	11.	True	16.	False
2.	True	7.	False	12.	False	17.	True
3.	False	8.	False	13.	False	18.	True
4.	False	9.	False	14.	True	19.	True
5.	True	10.	False	15.	False	20.	True

NOTES

Resources 16 and 16a may be used to further class discussion or they may be distributed for the students to read at their leisure.

LEARNING EXERCISE 15

VENEREAL DISEASE

If the statement is true, place an X on the line in the TRUE column. If the statement is false, place an X on the line in the FALSE column.

		TRUE	FALSE
1.	Syphilis and gonorrhea are different diseases.	____	____
2.	A person can have syphilis and gonorrhea at the same time.	____	____
3.	These venereal diseases are caused by the same germ.	____	____
4.	These germs thrive outside the body.	____	____
5.	Venereal disease is most commonly spread by sexual contact.	____	____
6.	The first sign of syphilis usually is the appearance of a chancre (a painless sore) on or around the sex organs.	____	____
7.	Skin eruptions can always be found on people who have syphilis.	____	____
8.	A person with syphilis can be cured by daily baths.	____	____
9.	An unborn child is in no danger if the mother has syphilis.	____	____
10.	Syphilis is an inherited disease.	____	____
11.	A blood test can be used to determine if a person has syphilis.	____	____
12.	Syphilis, if untreated, can only cause sores and rashes on the skin.	____	____
13.	Gonorrhea is a disease of the scalp causing a loss of hair in patches.	____	____
14.	Both gonorrhea and syphilis can cause blindness.	____	____
15.	Venereal diseases are commonly spread by contact with toilet seats, lipstick, and towels.	____	____
16.	If the sores caused by syphilis disappear by themselves, this indicates that there is no need to see a doctor.	____	____
17.	Penicillin is used to cure syphilis.	____	____
18.	Gonorrhea can make a person sterile.	____	____
19.	Syphilis can be spread through homosexual contact.	____	____
20.	Early stages of gonorrhea in females are very difficult to detect.	____	____

LEARNING EXERCISE 15a

VENEREAL DISEASE

1. Venereal diseases are caused by

   [ ] Germs

   [ ] Intimate body contact

   [ ] Shaking hands

2. When the early signs go away

   [ ] You are cured

   [ ] The disease is still there

   [ ] You need treatment

3. If the doctor asks you questions

   [ ] You should say nothing and protect your friends

   [ ] He only wants to help cure others

   [ ] Answer the questions. Your family will be protected from embarrassment.

Answer the following questions.

4. What are the symptoms of syphilis? _____

   _____

5. What are the symptoms of gonorrhea? _____

   _____

6. What harm can these diseases do to people? _____

   _____

7. Where can a person go for help if he thinks he has a venereal disease?

   _____

   _____

   _____

   _____

RESOURCE 16

VENEREAL DISEASE

GLOSSARY

ARTHRITIS	a disease of the joints in the body (knee, shoulder, elbow)
CHANCRE	a sore or blister which forms at the entry point of an infectious germ (may appear on any part of the body)
GONORRHEA	a common venereal disease
INTIMATE	very close
SYPHILIS	a common venereal disease
VENEREAL	having to do with sexual intercourse

The Problem: People sick with venereal diseases are often ashamed to go to a doctor for help. Untreated, these diseases cause great damage to men, women, and unborn babies.

Causes: Venereal diseases (VD) are caused by germs. These germs are caught through intimate body contact with one who has one of these diseases.

Symptoms of Syphilis: A chancre appears about 1 month after infection. It may be very small. It looks like a blister or open sore. In women the sore may not be seen at all. The chancre will go away even without treatment. However, the germs remain in the body. Other signs may appear in 3 to 6 weeks.

- rash
- sore throat
- fever
- patches of falling hair
- sores
- headaches

These signs will also go away. But without treatment, more and more germs will grow to destroy the body.

Symptoms of Gonorrhea: Itching and burning sensations while urinating. A yellowish discharge also begins. Women may not notice these signs. These symptoms may vanish without treatment, but the disease is not cured.

Damages Caused: A person with syphilis may become insane, blind, or crippled years later. Mothers can give the disease to their unborn babies who will be born with terrible birth defects. Gonorrhea can make it impossible to have children. Untreated, it can cause heart trouble and arthritis.

Treatment: There is no vaccination against syphilis or gonorrhea. There is no immunity. Once treated and cured, a person may get the disease again. There is no home remedy that will cure venereal diseases, but there is a treatment. There are clinics which give free treatments. The treatment is easy, quick, and effective.

Public Health Advisers: The Health Department is responsible for preventing epidemics. Its Public Health Advisers make every effort to locate all who may have these diseases in order to see that they get medical treatment.

RESOURCE 16A

SYPHILIS AND GONORRHEA

SYPHILIS

Syphilis is a very serious communicable disease. The spirochetes which cause syphilis can attack and damage any tissue or organ of the body, especially the brain, heart, liver, and bones.

The first sign of syphilis is usually the appearance of a painless sore called a chancre (pronounced "shank' er"). The chancre most commonly shows up 21 to 90 days after exposure to an infected person. It appears at the point where the spirochetes enter the body, usually on or around the sex organs. The chancre will go away even if the person doesn't get treatment, and this leads many to believe the disease is cured.

Other signs of syphilis which may appear include a rash which may cover any part of the body, bald spots where patches of hair fall out, fever, sore throat, or acute headaches. The signs are similar to so many other diseases that only a doctor can decide if a person has syphilis.

After these signs disappear, the spirochetes of syphilis may lie hidden for 10 to 25 years before any damage shows up. During this time the person may not even be aware he has the disease. Then suddenly, he may develop a mental illness, go blind, become crippled, develop heart disease.

A blood test will detect hidden syphilis. New York State requires that couples have a blood test before they can get married.

It is important to remember that the early signs of syphilis will go away whether a person gets treatment or not; this doesn't mean the disease is cured.

GONORRHEA

Gonorrhea is caused by a bacterium called the gonococcus. Many people believe this disease is no more serious than a bad cold. This is not true. Gonorrhea may cause sterility, arthritis, and even blindness. Prompt and proper treatment is important to prevent serious body damage.

The signs of gonorrhea will usually appear in 3 to 5 days after exposure to an infected person. Common signs are: (1) a pus discharge from the sex organs; and (2) a painful, burning sensation during urination.

Because of severe pain, a man who is infected with gonorrhea will usually seek medical attention. The signs of gonorrhea in a woman are more difficult to detect. Women rarely have a burning sensation during urination, and any pus discharge often goes unnoticed. Many times gonorrhea is not discovered in the woman until it has caused serious body damage.

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